

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

ROBERT MERRITT

(In the space above enter the full name(s) of the plaintiff(s).)

13 580

- against -

The STATE OF PENNSYLVANIA
NORTHAMPTON County Correctional
Center, And Officers
STEVEN GULLO Et al

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

FILED

MAY 08 2013

MICHAEL E. KUNZ, Clerk
By _____ Dep. Clerk

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name ROBERT MERRITT
ID # 23121
Current Institution Warren County Correctional Center
Address 175 County RD Rt. 5195 Belvidere, NJ 07825

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

don't no

Defendant No. 1

Name STEVEN GULLO Shield # _____
 Where Currently Employed Northampton County Prison
 Address 160 South Union St Easton, PA 18042
666 Walnut St Easton PA 18042

Defendant No. 2

Name The other officer name Shield # _____
 Where Currently Employed NORTHampton County Prison
 Address 160 South Union St Easton, PA 18042
666 Walnut St Easton PA 18042

don't no

Please call the
 INV. CHRIS G NAUGLE
 for name and shield #
 of Northampton County
 phone (610) 923-4442
 (610) 923-4442
 FAX 610-923-4447

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Northampton - County Prison

B. Where in the institution did the events giving rise to your claim(s) occur? while leaving the seg unit to the Holding Cell after leaving the Holding Cell that's where I was attacked

C. What date and approximate time did the events giving rise to your claim(s) occur? Oct. 17, 2012 10:00 am



Northampton County Department Of Corrections

Complaint Affidavit

All questions must be completed. Failure to provide all requested information will result in refusal of your complaint.

Your name: Robert Merritt Inmate ID Number: _____
 SS#: 123-52-7784 Sex: M DOB: 10/28/69 Age: 42
 Person(s) Accused: Gullo, Steven

Witnesses: _____

Witness(s) willing to testify? _____

Date, time and location of offense Oct 17 2012 10am

Were you injured? yes Nature of injuries hit in the Back of Head

Did you seek medical care? yes When? after coming to WCC Where? WCC

I verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information or belief. This verification is made subject to the penalties of Sections 4903 and 4904 of the PA Crimes Code (18 PA C.S. 4903 & 4904) relating to false swearing and unsworn falsification to authorities.

I have read the above and understand

Robert Merritt Robert Merritt 10/26/2012
 Signature Print Name Date

Present your version of the facts, giving specific circumstances alleged, motive and persons present:

On Oct 17 2012 time 10am officer Gullo willfully
~~Abused~~ hit ^{me} ~~me~~ and ~~assaulted~~ me Robert Merritt
 in the Back of the Head for ~~no reason~~ ~~reason~~ what
 I don't know I was being transported from Northampton County
 Jail to Warren County Jail

Amended Complaint/Affidavit

On Oct. 17, 2012 I Robert Merritt was being escorted from the segregation unit, at which time I was shackled as protocol calls for; hands and feet secured with a belt around waist. I don't remember everything, but I do know that I was restrained all the way to the front offices near the intake unit. While in the offices, I had asked the LT, whose name I don't know at this time, about my property, and some shoes, but he showed no concern to my needs to want my personal shoes, because it was cold outside. I had asked to speak to Ms. Stanley, who is the administrator, and he said no. During this time Ms. Stanley heard me asking to speak to her and she came to address the situation about my new born daughter and who was the person that came to see me, and lied about who they were. (Lawyer or Attorney) I had wrote a request slip to her, asking for that individuals name that, being that the state is trying to take my baby away from me without my permission. I have no way of getting any information on where she is or where she is at. So at that time Ms. Stanley, expressed the situation to the LT. and that they should do something about letting people in the facility without proper [REDACTED].

Also at this time she stated to him that I was in the right and that this problem needed to be fixed. He then seemed very upset at the response from Ms. Stanley, and took offense to the situation, and then took it out on me, which then caused a minor disruption of words. Then Ms. Stanley told me to get my belongings and go. As the officer came to get me and took me through the intake unit, where I was being held at in a holding cell, waiting to be transported from NCP to WCCC, officer Gullo Steven called to open the cell door and as I walked out he hit me from behind in the back of my head, which then scared the life out of me, and not to mention I was 100% defenseless along with being stunned and dizzy. As I started walking towards the property process door where the transportation officers were, Officer Gullo Steven with another Officer forced me on the bench real hard. The other Officer which name I do not know at this time, forced my face toward the wall hurting my neck and my wrist. During this period of time I was still hand cuffed and my hands were smashed between me and the bench, and I had not showed any signs of resistance, because I was scared for my life of what these two officers might do to me next. The transporting officer did not do anything and did not say anything, all ^{they} did was shackle me up and take me to the car to be transported to Warren County. x

CLARIFICATION

ROBERT D. CASTNER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires May 21, 2015

Subscribed and sworn to before me	This day of <u>May</u> , 2013
By <u>[Signature]</u>	Notary Public

Robert Merritt
ROBERT MERRITT

What
happened
to you?

D. Facts: Please see attached Page.

Who
did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

The Investigator officer Chris G. Mause
at Warren County Jail saw it on the video
or Camra He told me this at VIST IN Warren
County Jail IN NJ

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I Was hit in the Back of the Head and
Swelling and dizziness occurred for
several days. I told medical staff Brenda
she did not provide me with proper treatment
and Nurse Robins was there to witness that
situation. they work at Warren County Correctional Center in the Medical
Department

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Northampton County Prison

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know X

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No X I Tried to file one at Western County Correctional Center and was denied by staff

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No X They don't have a grievance system at WCC

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I was transported to another Jail, and here they would not give me a grievance for the other Jail. They Do not Have a Grievance system here in Warren County Correctional Center

If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: I told the transporting officers that took me from Easton to Warren County. I also advised medical staff at WCC they did not provide adequate treatment. The officers were from Warren County Belvidere NJ. I am trying to get their names.

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Investigator Chris G. Mangle of Northampton County came to see me at Warren County Jail and he advised me that he seen the video tape of the incident mentioned in the complaint. He advised me that I could start filing my Civil Suit. Mr Mangle ask me if I want to press charges and I told him yes.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want to sue all officers in there professional capacity as well as there private persons capacity seeking \$500,000.00 Five Hundred thousand Dollars excluding attorney fees. Non taxable. Violation of Constitutional Rights. and all agencies and there employers and state if possible. Under The Color of LAW

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____

3. **Docket or Index number**

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court?

Yes ____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of January, 20 13.

FILED

MAY 08 2013

MICHAEL E. KUNZ, Clerk
By _____ Dep. Clerk

Signature of Plaintiff Robert Meritt

Inmate Number 23121

Institution Address 175 County RD
RT 5195 Belvidere, NJ
07823

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of Jan, 20 13, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Robert Merritt